07435

# IREDELL COUNTY HEALTH DEPARTMENT

## (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR WOODROW WOODS DATE 4-26-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Exit westbound off of Wilkesboro Rd. - T.L. on Harrison Dr. - 1st on left at foot of hill at corner of rest st. S. R. No. _____

SUBDIVISION NAME NORTHMONT DEV. LOT NO. 26+27 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Ample

Character & Porosity of Soil Gray Suitable.

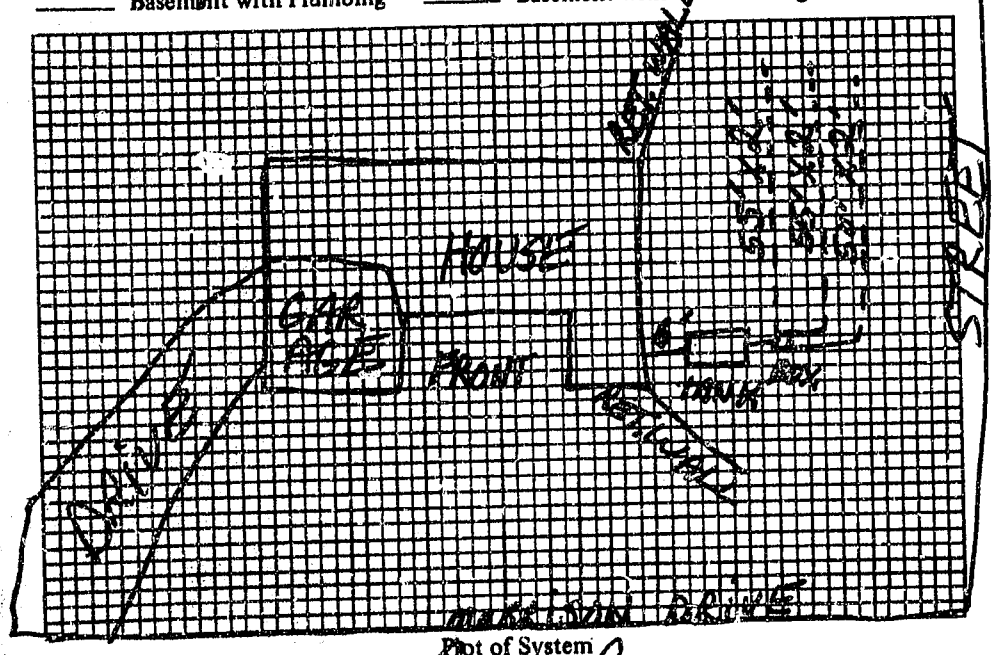
Percolation Rate Regal Eg. ft.

Topography 2-6% Lot

Depth to Water Table 10 ft

Rock or other impervious formations none observed.

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement




Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3 Linear Ft. 160
Sq. Ft. 320
Depth of Stone in Liner 6" STONE UNDER

Water Supply: Individual ( ) PANELS.
Public (✓)

16" PANELS USED.

Installed by Dennis Hallidar

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Do not drive or park over any part of S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-26-88.

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold